

08/612969

EXPRESS MAIL CERTIFICATE

71 Rec'd PCT/PTC 05 MAR 1996

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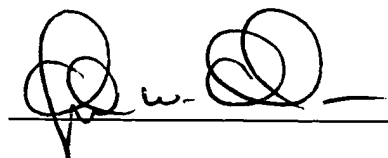
Type of Document(s) : Transmittal Letter to the United States
Designated/Elected Office Concerning
a Filing Under 35 U.S.C. 371;
Combined Declaration for Patent
Application and Power of Attorney;
Preliminary Amendment;
Verified Statement (Declaration) Claiming
Small Entity Status - Independent
Inventor; and
Check in the amount of \$320.00
(preliminary examination fee)

Serial No. : Unassigned (U.S. National Phase of
PCT/US 94/07186)

Filing Date : Herewith

I hereby certify that the documents identified above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Charles W. Calkins, Reg. No. 31,814

 (signature)

INSTRUCTIONS FOR FILING REQUEST FOR PATENT REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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Office of Finance
Refund Branch
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REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>05 April 96</u>		2 Serial/Patent # <u>08/1612969</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		<u>04 Mar 96</u>							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>293.00</u>								
		8 TO BE REFUNDED BY:								
		Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> </tr> </table>		1	6	--	1	4	3	5
1	6	--	1	4	3	5				
10 REASON:										
<input checked="" type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
<u>IPER=USA Claims meet Art. 33(1)-(4)</u>										
11 REFUND REQUESTED BY: <u>CAB</u>										
TYPED/PRINTED NAME: <u>Charitta Burt</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Charitta C. Burt</u>		PHONE: <u>301-3734</u>								
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